

Nancy Ann Mendiburu Scholarship Fund

Scholarship Application-School Year 2008/2009



Mendiburu Magic
FOUNDATION

www.mendiburumagic.org

PLEASE PRINT OR TYPE

High School:	_____		
Name	_____	_____	_____
	LAST	FIRST	MI
Address	_____		_____
		(____)	
		Phone	
	_____	_____	_____
	CITY	STATE	ZIP CODE
Social Security #	_____ - _____ - _____	Female	___ Male ___
D.O.B.	_____	Projected College/University this coming fall	_____
<p>For tax purposes, the foundation must ensure that you (the applicant) have agreed to use this money, if you are awarded/chosen, for educational purposes that are stated on this application. My signature below indicates this promise and statement, and guarantees usage of these funds within twelve months of college enrollment this coming fall.</p>			
	_____		_____
Applicant Signature			Date

SCHOLARSHIP OVERVIEW: Kern County scholarship recipients must be 18 years of age or less at time of high school graduation and will be selected on the basis of the following criteria. Those applicants that are funded will be informed, via his/her guidance counselor at school, within 90 business days from the deadline.

(A) Established Financial Need and Merit as Determined by Mendiburu Magic Foundation

All scholarships will be reviewed by an allocation committee as assembled by The Mendiburu Magic Foundation and granted in one of the following monetary amounts. Incoming recipients must present valid proof of higher education enrollment and adhere to any foundation requests before funds are released. The Mendiburu Magic Foundation reserves the right to terminate financial awards and require any conditional standards as determined by a foundation representative at a later date not mentioned on this application and without notice:

- | | |
|--------------|----------------|
| (A) \$50.00 | (D) \$500.00 |
| (B) \$100.00 | (E) \$1,000.00 |
| (C) \$250.00 | (F) \$2,000.00 |

(B) Cumulative 500 Word Written Essay

The 500 word written essay should be submitted as a typewritten document. Please provide statements/reference responding to the following questions:

- What aspirations or goals do you have for yourself in the future?
- Explain any obstacles you have overcome in your life and how this has made an impact on your life, both in the present and future
- Please discuss any achievements, skills and participation in any extra-curricular activities and community service organizations
- Discuss your personal opinion about "helping other people" and what that means to you for your own time spent after high-school and college?
- Is it more important to be right in life or to be a winner in life?
- Discuss your current home life (family support structure) and overall home life over the last 16-18 years.
- Why do you want this scholarship...sell yourself!

(C) Cumulative grade point average (2.7 and above)

FINANCIAL INFORMATION

Parent/Guardian(s) Income: _____
(including AFDC, SSI/SSP, GR and Unemployment/Self- Employed, Other)

Total Household Income \$ _____ last year

Total Household Income: \$ _____ per month
(attach proof of income)

Number in family: _____

SCHOLARSHIP REQUIREMENTS

Please include the following components with your application:

- Type Written Essay (No more than 500 words)
- One official high school transcript (sealed)
- Three (3) Letters of Recommendation
- Proof of Total Household Income and Established Financial Need

Applications must be post marked no later than April 15 each year, and mailed to this address:

Mendiburu Magic Foundation
Attention: Awards & Scholarships Committee
PO Box 6307
Bakersfield, CA 93386

[Only applicants that are chosen will be notified, because of volunteer staffing for the foundation and lack of man-power]

FUND PROGRAM OVERVIEW

Our Mission

The Mendiburu Magic Foundation (MMF) will directly contribute to worthy community need, and in particular:

- (1) Ongoing medical research for cancer
- (2) Help children and families affected by any catastrophic or life threatening illness
- (3) Community impact programs with an emphasis on positive youth development

STATEMENT OF UNDERSTANDING

I have read the contents of this application of my own free will and understand that The Mendiburu Magic Foundation reserves the right to terminate financial awards and require any conditional standards as determined by a foundation representative at a later date not mentioned on this application and without notice. In addition, my signature below will guarantee/promise usage of these funds, for educational purposes, within twelve months of college enrollment this coming fall.

Minor under 18 years of age

Date

Legal Parent/Guardian

Date

- - - - -
OFFICE USE ONLY BELOW

Committee Comments: _____

Ranking: _____

YES

NO

Check #: _____

Amount: ___\$_____



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